

March 30, 2009

WASHINGTON, DC—On March 30, 2009, the House of Representatives passed H.R. 479, the Wakefield Act, co-sponsored by Joe Sestak (PA-07), by a vote of 390 to 6. The bill authorizes up to \$25 million in FY2010 and more than \$96 million through FY2014 for the Emergency Medical Services for Children (EMSC) grant program. These grants assist states and medical schools in projects to improve emergency medical services for children in need of critical medical care.

“This measure will reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical care children receive and deserve,” said Congressman Sestak.

The EMSC program, administered by the Department of Health and Human Services, provides grants to states to improve existing emergency medical services systems and to medical schools to develop and evaluate procedures and protocols for treating children.

There are 31,000,000 child and adolescent visits to the Nation’s emergency departments every year.

Over 90 percent of children requiring emergency care are seen in general hospitals, not in free-standing children’s hospitals, with one-quarter to one-third of the patients being children in the typical general hospital emergency department.

Severe asthma and respiratory distress are the most common emergencies for pediatric patients, representing nearly one-third of all hospitalizations among children under the age of 15 years, while seizures, shock, and airway obstruction are other common pediatric emergencies, followed by cardiac arrest and severe trauma.

Up to 20 percent of children needing emergency care have underlying medical conditions such as asthma, diabetes, sickle-cell disease, low birth weight, and bronchopulmonary dysplasia.

Significant gaps remain in emergency medical care delivered to children. Only about 6 percent of hospitals have available all the pediatric supplies deemed essential by the American Academy of Pediatrics and the American College of Emergency Physicians for managing pediatric emergencies, while about half of hospitals have at least 85 percent of those supplies.

Providers must be educated and trained to manage children’s unique physical and psychological needs in emergency situations, and emergency systems must be equipped with the resources needed to care for this especially vulnerable population.

Systems of care must be continually maintained, updated, and improved to ensure that research is translated into practice, best practices are adopted, training is current, and standards and protocols are appropriate.

The Emergency Medical Services for Children (EMSC) Program under section 1910 of the Public Health Service Act (42 U.S.C. 300w-9) is the only Federal program that focuses specifically on improving the pediatric components of emergency medical care.

The EMSC Program promotes the nationwide exchange of pediatric emergency medical care knowledge and collaboration by those with an interest in such care and is depended upon by Federal agencies and national organizations to ensure that this exchange of knowledge and collaboration takes place.

The EMSC Program also supports a multi-institutional network for research in pediatric emergency medicine, thus allowing providers to rely on evidence rather than anecdotal experience when treating ill or injured children.

The Institute of Medicine stated in its 2006 report, 'Emergency Care for Children: Growing Pains', that the EMSC Program 'boasts many accomplishments . . . and the work of the program continues to be relevant and vital.'

The EMSC Program is celebrating its 25th anniversary, marking a quarter-century of driving key improvements in emergency medical services to children, and should continue its mission to reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical and emergency surgical care children receive.

Born and raised in Delaware County, former 3-star Admiral Joe Sestak served in the Navy for 31 years and now serves as the Representative from the 7th District of Pennsylvania. He led a series of operational commands at sea, including Commander of an aircraft carrier battle group of 30 U.S. and allied ships with over 15,000 sailors and 100 aircraft that conducted operations in Afghanistan and Iraq. After 9/11, Joe was the first Director of "Deep Blue," the Navy's anti-terrorism unit that established strategic and operations policies for the "Global War on Terrorism." He served as President Clinton's Director for Defense Policy at the National Security Council in the White House, and holds a Ph.D. in Political Economy and Government from Harvard University. According to the office of the House Historian, Joe is the highest-ranking former military officer ever elected to the U.S. Congress.